



Colonel Bill Hitchens
Commissioner

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Motor Carrier Compliance Division
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Chief Mark McLeod
Commanding Officer

COMPANY INFORMATION

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF PERSON REQUESTING PERMIT: _____

TELEPHONE NO: _____

ROUTE INFORMATION

COMMODITY TRANSPORTED: ☐ PCB ☐ RADIOACTIVE ☐ LNG

EFFECTIVE DATE OF PERMIT: _____

ORIGIN: _____

DESTINATION: _____

VEHICLE/DRIVER INFORMATION

TRACTOR OR TRUCK (YEAR/MAKE): _____

UNIT NO: _____

LICENSE NO: _____ STATE: _____

TRAILER LICENSE NO: _____ STATE: _____

DRIVER NAME: _____

ACCOUNT INFORMATION

FAX PERMIT TO: _____

FAX NO: _____

COMDATA ACCOUNT NO: _____